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**FIRST ANTENATAL VISIT: MEETING NOW FOR
THE FUTURE**

**A GROUNDED THEORY STUDY OF THE MEETING BETWEEN THE
INDEPENDENT MIDWIFE AND THE PREGNANT WOMAN**

by

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ABSTRACT

This is a study of what happens between independent midwives and women at the first antenatal visit. Six experienced midwives and six pregnant women participated in the research. Data were gathered through the observation of six first antenatal visits, individual interviews with the women and midwives and a review of the literature. Grounded theory was used to conduct the study, and a descriptive model of the first antenatal visit emerged.

Up until the change to the Nurses Act in 1990 midwives predominately practiced within the hospital system. Since 1990 and the legalising of independent midwifery practice in New Zealand, midwives have taken up the challenge to practice independently. A few guidelines have been set to assist independent midwives in practice; some of the guidelines being used have been taken from the hospital system into independent practice.

The first antenatal visit is the beginning point of the relationship between the pregnant woman and the midwife. It is a key element for determining the quality and effectiveness of a mother's subsequent maternity care (Methven, 1990). The midwife and the woman each have an important part to play in the first antenatal visit which sets the stage for future care. The data from the study revealed a number of paradoxes that exist when independent midwives deliver midwifery-only care. The basic social process to emerge from the study was "meeting now for the future" but the study identified that the midwife and the woman are meeting for different reasons.

PREFACE

This study has been a long and exciting journey and has reinforced my position to see midwifery not from an illness perspective as I was taught but from a perspective of wellness. During my midwifery training in Edinburgh in 1974 I struggled with the medical model of practice. I did not feel comfortable with midwifery practice in the antenatal clinics where women were kept waiting for hours and had to travel long distances to the hospital, only to see a stranger. I disliked the antenatal clinic with its conveyor belt system and the midwife being the handmaiden to famous obstetricians. This was not good midwifery and I had yet to see it practiced.

Since coming to New Zealand in 1989 I have pursued study, completing an undergraduate degree and now this Masters degree. I have studied feminism and have learned to ask why.

In 1993 I witnessed my very first normal birth. This was the birth of a lovely little boy at home. He was brought into this world by his parents and supported by a midwife. This was a far cry from the clinical walls of the Edinburgh hospital and I loved it. This birth had a lasting effect on me and I was privileged to be part of it.

I have had to re-learn a lot about birthing. The language of normal birth is different from the language of obstetrics. I have moved from seeing pregnancy and birth as abnormal until proved otherwise, to seeing pregnancy and birth as a natural physiological event which occasionally may need medical intervention. New Zealand has given me a new perspective on birthing and I would like to give the findings of this research back to New Zealanders.

ACKNOWLEDGMENTS

It is with great pleasure that I acknowledge and thank those who have helped and supported me through this long and exciting journey of discovery. Although I am unable to mention everyone by name, I would still like to say thank-you to you all.

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This is not the end but a continuation of my life-long learning. Thank you to all who helped.